

State: NEVADA

<u>Citation</u>	<u>4.18</u>	<u>Recipient Cost Sharing and Similar Charges</u>
42 CFR 447.51 through 447.58	(a)	Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and co-payments do not exceed the maximum allowable charges under 42 CFR 447.54.
1916(a) and (b) of the Act	(b)	<p>Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:</p> <p>(1) No enrollment fee, premium, or similar charge is imposed under the plan.</p> <p>(2) No deductible, coinsurance, co-payment, or similar charge is imposed under the plan for the following:</p> <p>(i) Services to individuals under age 18, or under--</p> <p style="padding-left: 40px;">[] Age 19</p> <p style="padding-left: 40px;">[] Age 20</p> <p style="padding-left: 40px;">[] Age 21</p> <p style="padding-left: 40px;">Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.</p> <p>(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.</p>

TN # 03-14
 Supersedes TN # 92-5

Effective Date 8-13-03
 Approval Date 10/10/03

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<u>Citation</u>	<u>4.18(b)(2)</u>	<u>(Continued)</u>
42 CFR 447.51 through 447.58	(iii)	All services furnished to pregnant women. women. [] Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
	(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
	(v)	Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
	(vi)	Family planning services and supplies furnished to individuals of childbearing age.
	(vii)	Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.
42 CFR 438.108 42 CFR 447.60		[] Managed care enrollees are charged deductibles, coinsurance rates, and co-payments in an amount equal to the State Plan service cost-sharing. [X] Managed care enrollees are not charged deductibles, coinsurance rates and co-payments.
1916 of the Act, P.L. 99-272, (Section 9505)	(viii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 1 0938-

State/Territory: Nevada

Citation 4.18(c)(3) (continued)

447.51 through (iii) For the medically needy, and other optional
447.58 groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

____ Not applicable. There is no maximum.